## 2008 Medicare Prescription Drug Benefit (Part D) Eligibility & Enrollment Chart for Indiana

IF YOU HAVE	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
No Medicare Coverage	You are not eligible for Medic <i>ar</i> e Prescription Drug Benefits	N/A	N/A	Call SHIIP 1-800-452-4800	N/A
Medic <i>aid</i> Only	You are not eligible for Medic <i>are</i> Prescription Drug Benefits	N/A	N/A	Medicaid will continue to cover your prescriptions	N/A
Medic <i>aid</i> & Medic <i>are</i> (Dual-Eligible)	You are eligible for Extra Help	New to Medicare You will be auto-enrolled in a	CMS will notify you by mail if you are to be auto-enrolled.	You do <u>not</u> need to apply for Extra Help. You are already eligible.	New to Medicare - You to ensure your new drug plan best
AND:	No premium No deductible No gap in coverage	plan for coverage first day of Medicare entitlement unless you choose your own			suits your needs, you should enroll into a plan during the first 3 months of
Yearly Income below \$10,210 (single) or \$13,690 (married)	\$1.05 - \$3.10 co-pay for prescriptions	plan during the first three months of your initial enrollment	(CMS—Centers for Medicare & Medicaid Services)		your initial enrollment period.
OR:	100 p. 100	period (during the 3 months before your Medicare coverage			New to Medicaid - If you are auto-enrolled into a
Yearly Income above \$10,210 (single) or \$13,690 (married)	\$2.25 - \$5.60 co-pay for prescriptions	starts).  New to Medicaid You will be auto- enrolled into a plan if you are not already in a drug plan. Coverage will be			plan that does not cover your medication you may switch plans.
		retroactive to the month your Medicaid coverage began.			

The 2008 Medicare Prescription Drug Benefit Enrollment & Eligibility Chart for Indiana is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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Medicare Savings Program  QMB, SLMB, or QI (Medicaid helps pay for your Medicare) AND  Yearly income below \$10,210 (single) or \$13,690 (married)  Yearly income above \$10,210 (single) or \$13,690 (married)	You are eligible for Extra Help  No premium No deductible No gap in coverage  \$1.05 - \$3.10 co-pay  \$2.25 - \$5.60 co-pay	New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).  New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.	CMS will notify you by mail if you are to be facilitated into a plan.	You do <u>not</u> need to apply for Extra Help. You are already eligible.	New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.  New to Extra Help - If you are facilitated into a plan that does not cover your medication you may switch plans.
Medicare with no prescription coverage  Yearly income below: \$13,783.50 (single) or \$18,481.50 (married)  AND  Resources less than \$7,620 (single) or \$12,190 (married)	You are eligible for Extra Help, but you must apply.  No premium No deductible No gap in coverage \$2.25 or \$5.60 co-pay	New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).  New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.	CMS will notify you by mail if you are to be facilitated into a plan.	Apply for Extra Help  Select and enroll in a Drug Plan.  You may want to also apply for the Medicare Savings Program if your resources are below \$4,000 or \$6,000 if married.	New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.  New to Extra Help - You may choose your own plan prior to facilitated enrollment.

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Medicare with no prescription coverage  Yearly income below \$15,315 (single) or \$20,535 (married) AND  Resources less than \$11,990 (single) or \$23,370 (married)	You are eligible for Extra Help, but you must apply.  \$56 deductible 15% co-pay No gap in coverage Sliding Scale Premium * (see chart below)	New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).  New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.	CMS will notify you by mail if you are to be facilitated into a plan.	Apply for Extra Help  Select and enroll in a Drug Plan	New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.  New to Extra Help - You may choose your own plan prior to facilitated enrollment.

If your income is:	Single Income	Married Income	What you will pay in monthly premium
135% FPL or lower	Below \$13,783.50	Below \$18,481.50	0% of the premium
135% - 140% FPL	\$13,783.50 - \$14,294	\$18,481.50 - \$19,166	25% of the premium
140% - 145% FPL	\$14,294 - \$14,804.50	\$19,166 - \$19,850.50	50% of the premium
145% - 150% FPL	\$14,804.50 - \$15,315	\$19,850.50 - \$20,535	75% of the premium

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Medicare but your income and/or resources are above the Medicare Prescription Drug Benefit limits for Extra Help	You are not eligible for Extra Help.  Est. \$35/mo premium  \$275 deductible  gap in coverage from \$2,250 to \$5,100 in drug expenses  After gap, you pay greater of 5% or \$2/\$5 co-pay	You will need to enroll in a Drug Plan	N/A	Consider selecting and enrolling in a Drug Plan	11/15/06-12/31/06
Medicare with other prescription coverage	Your current prescription drug coverage may or may not change.		N/A	**Consider whether you should keep current coverage or enroll in the Medic <i>are</i> Prescription Drug Benefit	See chart below



•	**Medigap Policy (Medicare Supplement Policy)	If you have a Medigap policy with prescription drug coverage, it may or may not be continued. <b>Contact your insurance company for information.</b> Your insurance company must notify you whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
	**Retirement Insurance Plan	Your retirement insurance plan may or may not change. <b>Contact your plan for information.</b> Your insurance company must notify you whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
	**HoosierRx (IN State Pharmaceutical Assistance Program)	HoosierRx offers premium assistance to its members. In order to qualify you must be an Indiana resident 65 or older, and meet the income requirements Call Indiana's Pharmaceutical Assistance Program toll-free at 1-866-267-4679 for more information.
	**VA Prescription Benefits (Veteran's Administration)	If you receive VA Prescription Drug Benefits, you do not need to enroll in a Medicare Prescription Drug Plan. You will not have a late penalty if you decide to enroll later.